

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09371

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 4/30/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 4/30/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince George
 City or town... Middleton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5415 Branch Ave. S.E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Jeanette Adams

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife xxx Robert L. Adams
 7. Birth date of deceased (mo., day, yr.) February 26, 1929 6. (c) If alive, give age 21 years
 8. AGE: Years 19 Months 6 Days 12 If less than one day hrs. min.

9. Birthplace Allentown, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business

12. Name William M. Graney
 13. Birthplace Alexandria, Virginia
 14. Maiden name Lena J. Grimes
 15. Birthplace Oxen Hill, Maryland
 16. Informant Deceased

17. Burial Date thereof Sept. 8, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bells Mt. E. Cemetery
 Location Camp Spring, P. Georges Co. Md.
 18. Funeral director Arthur E. Simmons, Jr.

Address 2601 Nicholson Ave. S.E., Wash. D.C.

19. Sept. 8 19 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 19 48 at 8:05A M
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 30 19 47 to Sept. 7 19 48
 and that I last saw her alive on September 7 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 22 Mos.

Due to
 Due to
 Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE R. G. Bacon M. D. or other
 Address State Sanatorium, Md. Date signed 9/8/48

RECEIVED
SEP 10 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09372

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 56 years

Hospital, institution, or street address where death occurred:

712 East B St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 712 East B St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Ida May Albert

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

George Albert

T. Birth date of

deceased (mo., day, yr.)

March 15th 1865-

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

83615

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

MOTHER

12. Name

James Ray

13. Birthplace

Virginia

14. Maiden name

Marion Dawson

15. Birthplace

Virginia

16. Informant

Mrs. Edna Hoar

Address

Brunswick Md.

17.

(Burial, cremation, or removal Which?)

Date thereof

Oct. 3 1948
(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Md.

18. Funeral director

W. H. Fitch & Co

Address

Brunswick Md.

19.

(Date rec'd by registrar)

Oct. 148Kathryn H. Brown

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1948, at 7:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 5 1948, to Sept. 30 1948and that I last saw her alive on Sept. 29 1948

Immediate cause of death

Arterio-sclerotic Heart Disease

DURATION

7

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. B. Capistrano

M. D. or other

Address

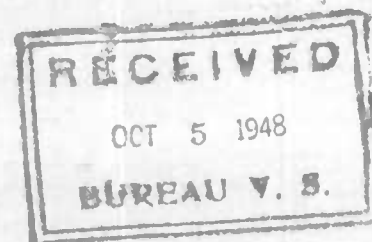
Louettville - Va.Date signed 10/1/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09373

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

JAMES WILLIAM AMBUSH

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Katie Hallman

7. Birth date of deceased (mo., day, yr.) January 15, 1887
 6. (c) If alive, give age years

8. AGE: Years 61 Months 7 Days 22 If less than one day hrs. min.

9. Birthplace Greenfield-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Robert Ambush
 13. Birthplace Frederick County Maryland

14. Maiden name Rosie (last name unknown)
 15. Birthplace Frederick County Maryland

16. Informant Lindsay Ambush
 Address Lime Kiln, Md.

17. Burial Date thereof 9/10/48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Hope Hill Cemetery
 Location Near Urbana, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 8 Sept 19 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7th 19 48 at 5:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 19 48 to Sept 7 19 48
 and that I last saw him alive on Sept 6 19 48

Immediate cause of death

Coronary Vascular Aneurysm

DURATION

3

Due to

Myocardial Decompensation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Lawrence Fanning M. D.

M. D. or other

Address Frederick, Maryland Date signed 9-7-48

RECEIVED

SEP 10 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

09374

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 8/13/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 8/13/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Boonsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Hoye Barkdoll

3. (b) Social Security Number

219-20-0558

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife XXXX Mabel Barkdoll
 7. Birth date of deceased (mo., day, yr.) March 31, 1924 6.(c) If alive, give age 19 years
 8. AGE: Years 24 Months 5 Days 2 If less than one day hrs. min.

9. Birthplace Wolfsville, Md.
 (Town, county, and state)
 10. Usual occupation Filling Station attendant
 11. Industry or business

FATHER 12. Name George W. Barkdoll
 13. Birthplace Frederick County, Md.
 MOTHER 14. Maiden name Cora I. Marken
 15. Birthplace Frederick County, Md.

16. Informant Deceased
 Address
 17. Burial Date thereof 9-5-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. Lebanon Cem.
 Location Mt. Lebanon, Wash Co., Md.
 18. Funeral director Wm. F. Bast & Sons
 Address Boonsboro, Maryland
 19. Sept. 3 19 48
 (Date rec'd by registrar) Registrar JD Ryan

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 19 48 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13 19 47 to Sept. 2 19 48
 and that I last saw him alive on Sept. 2 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 21 Mos.

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE JD Ryan M. D. JD Ryan
 Address State Sanatorium, Md. Date signed 9/3/48

RECEIVED

SEP 6 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredrickCity or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 daysHospital, institution, or street address where death occurred:
Fredrick Memorial HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 736 Park Ave

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME

Barber M. William

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ada Stettin7. Birth date of deceased (mo., day, yr.) Aug 10th 18906. (c) If alive, give age 73 years8. AGE: Year 78 Month 1 Day 9 If less than one day
..... hrs. min.9. Birthplace West Virginia

(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name William Barber13. Birthplace West Virginia14. Maiden name Mary Boxley15. Birthplace West Virginia16. Informant Mrs. Elsie RegardAddress Washington D. C.17. Burial Date thereof Sept 21 1948

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or Park HeightsLocation Brunswick Md.18. Funeral director E. H. Fife & BrosAddress Brunswick Md.19. 21 - Sept 1948 Elizabeth G. Hacks

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1948 at 8:40 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 12 1948, to Sept 19 1948and that I last saw him alive on Sept 19 1948

Immediate cause of death

Cerebral Haemorrhage

Due to

ArteriosclerosisOther conditions Hemiplegia (rht)

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

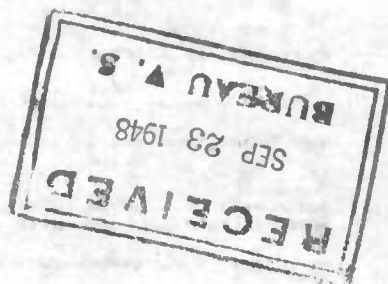
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.Address Fredrick Md. Date signed 9/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09376

Reg. Dist. No.

134

1. PLACE OF DEATH:

County FredrickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. St. Mary
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Bernard Marion Bentz

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Anna Florence Mort

7. Birth date of

deceased (mo., day, yr.)

April 4, 1874

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

74511

hrs.

min.

9. Birthplace Emmitsburg Fredk Co, Md
(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Farmer

FATHER

12. Name

John William Bentz

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Catherine Burdner

15. Birthplace

Germany

16. Informant

Mrs Robert Strain

Address

Emmitsburg, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Sept-18-1948
(month) (day) (year)

Cemetery or crematory

Kaysville

Location

Kaysville, Md

18. Funeral director

Dr. F. Oregan & Son

Address

Thurmont, Md19. Sept-16-48

(Date rec'd by registrar)

M. F. Shuff

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 16 48 at 4:58 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1946 to Sept 15 48and that I last saw him alive on Sept 15 48

Immediate cause of death

Coronary occlusion

DURATION

2 hrs

Due to

arteriosclerotic

Due to

cardiovascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

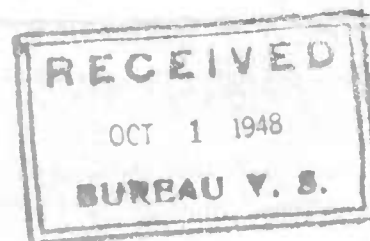
Injured at work?

23. SIGNATURE

H. R. Gable M. D.

Address

Emmitsburg, Md Date signed 9-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09377

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since September 15, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 614 Trail Avenue(If rural, give LOCATION)None

2.(a) If veteran, name war

3. (a) FULL NAME

LAWRENCE EDWARD BENTZ

3. (b) Social Security Number

214-10-4065

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Louise F. Davis6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.)

September 3, 1899

8. AGE:

Years

Months

Days

If less than one day

49012

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland(Town, county, and state)

10. Usual occupation

Linotype Operator

11. Industry or business

News-Post, Frederick, Md.

FATHER

12. Name

Edward Bentz

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Lillie May Wachter

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Louise Bentz

Address

614 Trail Ave., Frederick, Md.

17.

Burial

Date thereof

9/18/48(Burial, cremation, or removal. Which?)(month) (day) (year)

Cemetery or

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

17 Sept 1948
(Date rec'd by registrar)Elizabeth G. Heck
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 15 1948 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 1948 to Sept 15 1948
 and that I last saw him alive on Sept. 15 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 hrs.

Due to

Hypertensive Cordis -
 Vascular - Renal Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)(County)(State)

Injured at home, farm, industry, public place (where?)

Means of injury

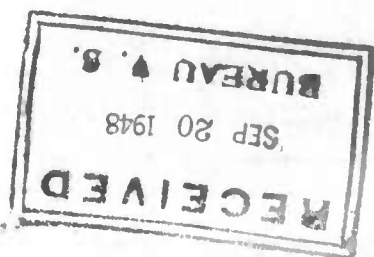
Injured at work?

23. SIGNATURE

Howard W. Aug. M.
Frederick, Md.
 Date signed 9-16-48

M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09378

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
 City or town... State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 9/7/48
 Hospital, institution, or street address where death occurred:
 Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 9/7/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Vada Black

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife... XXXX Paul E. Black
 7. Birth date of deceased (mo., day, yr.) March 24, 1917
 6. (c) If alive, give age 37 years
 8. AGE: Years 31 Months 5 Days 16 If less than one day

9. Birthplace... Eyler Valley, Maryland
 (Town, county, and state)

10. Usual occupation... Housewife

11. Industry or business

12. Name... James McKissick

13. Birthplace... Thurmont, Maryland

14. Maiden name... Elizabeth McClain

15. Birthplace... Emmitsburg, Maryland

16. Informant... Deceased

Address

17. Burial Date thereof Sept. 12, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Blue Ridge Cemetery

Location... Thurmont, Md.

18. Funeral director... M. L. Creager & Son

Address... Thurmont, Maryland

19. Sept. 10 19 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... September 9, 1948, at 10:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 7, 1948, to Sept. 9, 1948, and that I last saw her alive on September 9, 1948.

Immediate cause of death... Pulmonary Tuberculosis DURATION 7 1/2 Yrs.

Due to

Due to

Other conditions

(Include pregnancy within 5 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... R. B. Sallis M. D. J. J. J.

Address... State Sanatorium, Md. Date signed 9/10/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 YearsHospital, institution, or street address where death occurred:
23 East All Saint Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 23 East All Saint Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

EDNA ROBERTA BOWENS

3. (b) Social Security Number

None4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Charles F. Bowens, Sr.8. (c) If alive, give age 40 years7. Birth date of deceased (mo., day, yr.) November 25, 19088. AGE: Years 39 Months 10 Days 5 If less than one day
.....hrs.min.9. Birthplace Flint Hill-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name George Weedon13. Birthplace Frederick County Maryland14. Maiden name Laura Hallman15. Birthplace Frederick County Maryland16. Informant Charles F. Bowens, Sr.Address 23 E. All Saint St., Frederick, Md.17. Burial Burial Date thereof 10/4/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Colored CemeteryLocation Point of Rocks, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 2 Oct 1948 Elizabeth G. Hech

(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 Sept. 1948 at 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

until 1948 to 1 October 1948and that I last saw her alive on 1 October 1948Immediate cause of death Bronchial AsthmaDURATION 4 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Charles H. Conley, Jr., M.D.Address Frederick, Md. Date signed 1 Oct. 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09380

134

434

1. PLACE OF DEATH:

County Frederick
 City or town Rural Emmitsburg, R.D.2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 73 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural Emmitsburg R.D.2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lewis Brown
 4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Sis Miller Brown7. Birth date of deceased (mo., day, yr.) May 11, 1875

8. AGE: Years 73 Months 4 Days 13 It less than one day _____ hrs. _____ min.
 6.(c) If alive, give age _____ years

9. Birthplace Frederick Co. Maryland
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

12. Name John Brown13. Birthplace Carroll County, Maryland14. Maiden name Josephine Wetzel,15. Birthplace Frederick County, Maryland16. Informant Mrs John T BrownAddress Emmitsburg, R.D.2 Maryland17. Burial Date thereof Sept 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or cremation Friends' CreekLocation Emmitsburg, R.D., Maryland18. Funeral director S. L. AllisonAddress Emmitsburg, Maryland19. Sept-26 19 48 M. F. Shuff
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

213-12-7780

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 SEPT 19 48 at 7:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 SEPT 7:15 P.M. 19 48, to 24 SEPT 19 48, and that I last saw him alive on 24 SEPT. 19 48

Immediate cause of death RESPIRATORY FAILURE DURATION 12 HRS.

Due to CEREBRAL VASCULAR HEMORRHAGE 12 HRS.

Due to ARTERIOSCLEROTIC, HYPERTENSIVE YEARS
CARDIOVASCULAR DISEASE

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ injured at work?

23. SIGNATURE James H. Allison M. D. MDAddress Emmitsburg, Md. Date signed 25 Sept 48

RECEIVED

OCT 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

09381

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Rural New Addition
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 76 years
 Hospital, institution, or street address where death occurred:
Rural New Addition near Brunswick
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural New Addition
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Brunswick
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Casey

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife John Thomas Casey Sr.
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 3 1871
 8. AGE: Years 76 Months 10 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home

MOTHER FATHER
 12. Name Ebenizie Gosnell
 13. Birthplace Maryland
 14. Maiden name Mary R. Feltz
 15. Birthplace Maryland
 16. Informant Mrs. Lucy Powers
 Address Brunswick Md.
 17. Burial Date thereof Oct. 3 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Reformed
 Location Knock Hill Md.
 18. Funeral director C. H. Feltz & Bros
 Address Brunswick, Md.
 19. Oct. 1 1948 Kathryn H. Brown
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1948 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 15 1948 to Sept 30 1948
 and that I last saw him OR alive on Sept 1 1948
 Immediate cause of death Cancer of uterus

DURATION

Due to Fractional X-rayDue to Cervical carcinomaOther conditions Hypertension

(Include pregnancy within 3 months of death)

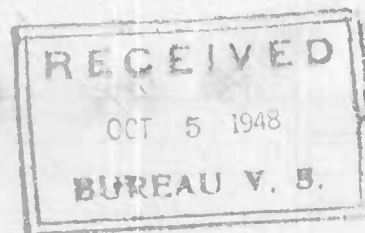
Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 9/17/48
 Where did injury occur? M. Brunswick MD
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Fall Injured at work? 10/24/48
95

23. SIGNATURE [Signature] M. D. or other
 Address Brunswick, Md. Date signed 10-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09382

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

501 Elm Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 501 Elm Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

FANNIE DORSEY DIXON

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife C. Merle Dixon6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) October 5, 1870

8. AGE: Years 77 Months 11 Days 23 It less than one day
hrs.min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William H. Kemp13. Birthplace Frederick County Maryland14. Maiden name Henrietta Brengle15. Birthplace Frederick County Maryland16. Informant C. Merle DixonAddress 501 Elm St., Frederick, Md.17. Burial 10/1/48

(Burial, cremation, or removal, whichever) Date thereof (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 30 Sept 1948 Elizabeth G. Hecke

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28, 1948 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 24, 1948 to September 28, 1948
 and that I last saw her alive on September 28, 1948

Immediate cause of death Myocardial
insufficiency

Due to Degenerative heart
disease

Due to (?)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M.D.Address Frederick, Md. Date signed 9/29/48

RECEIVED

OCT 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years
Hospital, institution, or street address where death occurred:
19 East Church
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 19 East Church St
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME

George Joseph Doll

3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) July 27 1878 6.(c) If alive, give age — years

8. AGE: Years 70 Months 1 Days 13 If less than one day — hrs. — min.

9. Birthplace Fredrick, Md
(Town, county, and state)

10. Usual occupation laborer (retired)

11. Industry or business Or Fibre & Sugar edy Co

12. Name George J. Doll

13. Birthplace Fredrick, Md

14. Maiden name Anna J. Gamm

15. Birthplace Fredrick, Md

16. Informant Betty Doll

Address 19 E. Church St. Fredrick, Md

17. Burial Date thereof 9/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory mt Olivet

Location Fredrick, Md

18. Funeral director Nancy E. Gault, Co

Address Fredrick, Md

19. 10 Sept 1948 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1948 at 3 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 1 1948 to Sept 8 1948 and that I last saw him alive on Sept 7 1948

Immediate cause of death Pulmonary Tbc DURATION 30 years

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE A. W. Baw M. D. or other

Address Fredrick, Md Date signed 9-9-48

MARGIN RESERVED FOR BINDING

VS A16 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09384

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Years
Hospital, institution, or street address where death occurred:
128-A West Third Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 128-A West Third Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
MARTHA ELLEN DUGAN

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or John E. Dugan
7. Birth date of deceased (mo., day, yr.) January 21, 1863
6. (c) If alive, give age years
8. AGE: Years 85 Months 7 Days 22 If less than one day hrs. min.

9. Birthplace Cumberland, Allegany County, Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name John P. Morrissey
13. Birthplace Ireland
MOTHER 14. Maiden name Amanda Clark
15. Birthplace Cumberland, Maryland
16. Informant Mrs. Mary D. Howard
Address Frederick, Maryland

17. Burial Date thereof September 15, 1948
(Burial, cremation or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Patrick's Cemetery
Location Cumberland, Maryland
18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 13 Sept 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12th 19 48 at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24 19 48 to September 11 19 48
and that I last saw him or her alive on September 11 19 48

Immediate cause of death Myocardial infarction
cardio-vascular disease DURATION (?)

Due to Arteriosclerosis (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur F. Woodward M.D. M. D. or other

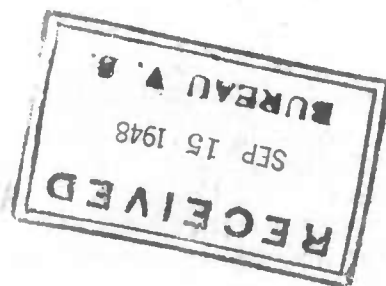
Address Frederick, Md. Date signed 9/13/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

09385

94a

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 yearsHospital, institution, or street address where death occurred: 409 Walnut St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 409 Walnut St.
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

John Lindsey Fairfax

3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Pauline V. Southard6. (c) If alive, give age 38 years7. Birth date of deceased (mo., day, yr.) Dec. 8 18908. AGE: Years 57 Months 9 Days 22 If less than one day
hrs. min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Labor B.O.R.R. Shop.11. Industry or business Transportation12. Name John Fairfax13. Birthplace Virginia14. Maiden name Lucy Fairfax15. Birthplace Virginia16. Informant Mrs Pauline V. FairfaxAddress Brunswick Md.17. Burial Date thereof Oct. 2 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Edge Hill CemeteryLocation Charlestown West Virginia18. Funeral director C. H. Zett & Bro.Address Brunswick, Md.19. Oct 1 48 Kathryn H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1948 at 11:45 P.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 22 1948 to Sept. 29 1948 and that I last saw him alive on Sept. 22 1948Immediate cause of death Coronary Occlusion DURATION 1 min.Due to acute Coronial Aethura 1 min.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W.B. Carpenter M. D. or otherAddress Snellsville - Va Date signed 10/1/48

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09386

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Fredrick
 City or town... Fredrick Memorial Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 da
 Hospital, institution, or street address where death occurred:
Fredrick Memorial Hospital
 How long in hospital or institution? 10 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... Fredrick
 City or town... Woodstock Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2. (a) If veteran, name war... WW

3. (a) FULL NAME

Dorene Elizabeth Foy

3. (b) Social Security Number

no

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife

Chas. E. Foy

7. Birth date of deceased (mo., day, yr.)

March 31 - 1890

8. (c) If alive, give age

65 years

8. AGE:

Years

Months

Days

If less than one day

58521hrs.min.

9. Birthplace

Fredrick Co. md
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own home

FATHER

12. Name

David M. Schilt

13. Birthplace

York Co. Pa

MOTHER

14. Maiden name

Elizabeth B. Jones

15. Birthplace

York Co. Pa

16. Informant

Robert P. Schilt

Address

Rocky Ridge md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Sept 15 - 48
(month) (day) (year)

Cemetery or crematory

Elmwood & Breckin Cem

Location

Rocky Ridge md

18. Funeral director

M. L. Creager Inc

Address

Thurmont md

19. Date rec'd by registrar

14 Sept 1948Elizabeth G. Hecks
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 12 1948, at 1:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 2 1948 to Sept 12 1948
 and that I last saw him alive on Sept 12 1948

Immediate cause of death

Acute liver insufficiency

DURATION

12 hrs

Don to

Post-operative (cholecystectomy)

Don to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Chronic cholecystitis

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statutorily.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

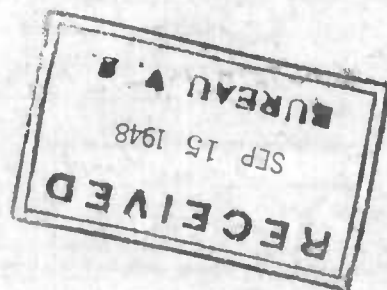
Means of injury

Injured at work?

23. SIGNATURE

Frank W. Worthington
Fredrick - Md.
 Address... Date signed... Sept 13

M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09387

175a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 5 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll
 City or town McKinstry Mills
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war. ✓

3. (a) FULL NAME

Chas. L. Frity

3. (b) Social Security Number

212-24-2972

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Feb 4 - 1927

8. AGE:

Years

Months

Days

It less than one day

21628

hrs.

min.

9. Birthplace

Frederick County, Md
(Town, county, and state)

10. Usual occupation

Farm Laborer

11. Industry or business

FATHER

12. Name Walter Frity13. Birthplace Maryland

MOTHER

14. Maiden name Mary Harning15. Birthplace Maryland

16. Informant

Walter FrityAddress Union Bridge, Md. RD

17.

Burial Date thereof Sept 4 - 1948
(Burial, cremation, or reinterment, which) (month) (day) (year)

Cemetery or crematory

Pipe Creek Cemetery

Location

Uniontown Road

18. Funeral director

D D Hartley & Sons

Address

Union Bridge, Md - Windsor, Md

19.

Sept 4 1948 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1948 at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on Sept 1 1948
deceased

Immediate cause of death

Fracture of base of skull
laceration of brain

DURATION

Due to

fall from tractor

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 9.1.48Where did injury occur? near Union Bridge Carroll Wd.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Farm

Means of injury

Wagon drawn
by tractor

Injured at work?

yes

23. SIGNATURE

P. W. Barr

M. D. or other

Address Frederick, Md Date signed 9.1.48

RECEIVED

SEP 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09388

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Wisner St.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Viola Blanche Fry

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or Jacob H. Fry

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 18738. AGE: Years Months Days It less than one day
74 11 8 hrs. min.9. Birthplace Lovettsville, Loudoun Co., Va.
(Town, county, and state)10. Usual occupation Retired grocery store employee11. Industry or business Grocery12. Name Joseph F. Conard13. Birthplace Lovettsville, Va.14. Maiden name Josephine Miller Conard15. Birthplace Lovettsville, Va.16. Informant Mrs. Ralph C. FryAddress 6 Wisner St., Frederick, Md.17. Burial Date thereof Sept. 11, 1948
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Knoxville, Md.18. Funeral director C.E. Cline & SonAddress Frederick, Md.19. 10 Sept 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her live on Sept 8 19 48Immediate cause of death Fracture of hip

DURATION

30 daysDue to General debility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8.8.48Where did injury occur? Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury fall Injured at work? no23. SIGNATURE P. W. Sore M. D. or otherAddress Frederick, Md. Date signed 9.9.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09389

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or arrest address where death occurred:

McKaig

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. McKaig

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

AUSTIN WILLIAM GETZENDANNER

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>	
6. (b) Name of husband or wife			
7. Birth date at deceased (mo., day, yr.) <u>November 24, 1933</u>			
8. AGE:	Years	Months	Days
	<u>14</u>	<u>10</u>	<u>2</u>
	If less than one day		
	hrs. min.		

9. Birthplace Mt. Pleasant-Frederick-Maryland
(Town, county, and state)10. Usual occupation Student11. Industry or business Public School12. Name John M. Getzendanner13. Birthplace Frederick County Maryland14. Maiden name Violet H. Nusbaum15. Birthplace Frederick County Maryland16. Informant John M. GetzendannerAddress R. F. D. #1, Frederick, Md.17. Burial 9/29/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Methodist CemeteryLocation McKaig-Frederick, Md. Rural18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 28 Sept 1948
(Date rec'd by registrar) Elizabeth G. Hartz
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 September 1948 at 5:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

until 19 10 19and that I last saw him alive on 27 September 1948

Immediate cause of death

Asphyxiation

DURATION

13 hrs.Due to Suicide by hanging

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicides, or homicide Suicide Date of 9/26/48Where did injury occur? McKaig Frederick Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Hanging Injured at work? No23. SIGNATURE Charles H. Conley, Jr., M.D.
Asst. Dir. Med. Exam. M. D. or otherAddress Frederick, Md. Date signed 9/27/48

RECEIVED

SEP 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09390

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since Sept. 26, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 511 Klineharts Alley

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

JOSEPH DANIEL GOINES

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Fannie Johnson6. (c) If alive, give age 48 years7. Birth date of deceased (mo., day, yr.) July 20, 1899

8. AGE: Years 49 Months 2 Days 6 If less than one day
 hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John D. Goines
 13. Birthplace Frederick County Maryland

14. Maiden name Clara Brown
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Fannie Goines
 Address W. 6th St., Frederick, Md.

17. Burial Burial Date thereof 9/30/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 28 Sept 1948 Elizabeth H. Heck
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26, 1948 at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 26 19 48 to Sept. 26 19 48and that I last saw him alive on Sept. 26 19 48Immediate cause of death Acute Coronary Thrombosis

DURATION

1 dayDue to Acute Coronary ThrombosisDue to Acute Coronary Thrombosis

Other conditions Anterograde Heart Disease
 (Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

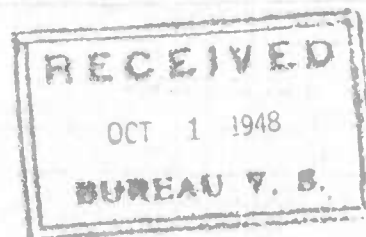
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE A. A. Pierre M. D.

Frederick, Maryland M. D. or other
 Address Date signed 9-28-48



A. A. Brown

Department of Justice

Dept. General Inspection

*Left in
1948*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09391

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Graceland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Graceland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Hazel Mae Green

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mr. Russell Green

7. Birth date of deceased (mo., day, yr.)

May 9, 1899

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

49324

hrs.

min.

9. Birthplace

Graceland, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof

Sept. 6, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Sept 6

(Date rec'd by registrar)

1948

Blanche S. Eyles

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1948, at 10:15 M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15, 1947, to Sept. 3, 1948, and that I last saw her alive on Aug. 15, 1948.

Immediate cause of death

Cerebral hemorrhage

Due to

Chronic Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

James H. Gray M.D. or other
Thurmont Md. Date signed 9/3/48

DURATION

Sudden7 years

RECEIVED

SEP 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
17 South Bentz Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 17 South Bentz Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CORINE ELIZABETH HALL

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 6, 1946

6.(c) If alive, give age _____ years

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>4</u>	<u>9</u>	_____hrs. _____min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Infant

11. Industry or business

FATHER	12. Name <u>Neal S. Hall</u>
	13. Birthplace <u>Frederick County Maryland</u>

MOTHER	14. Maiden name <u>Alta Hollins</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant Neal S. Hall
Address 17 S. Bentz St., Frederick, Md.17. Burial Date thereof 9/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hope Hill Cemetery
Location Near Urbana, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 17 Sept 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15, 1948 at 8:05A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
15 September 1948 to 15 September 1948
and that I last saw her alive on 15 September 1948Immediate cause of death
Pneumonia & probable
Septicemia
(10/25/48)

DURATION

Hours

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James B. Thomas M. D.
Frederick, Maryland M. D. or other
Address _____ Date signed 9-16-48

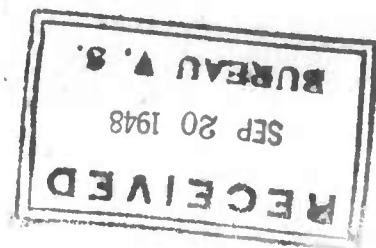
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9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09393

138

1. PLACE OF DEATH:

County FrederickCity or town Rural - Pearl
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural - Pearl
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

CORA E. HANE

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Female</u>	<u>White</u>	<u>Widowed</u>

6. (b) Name of husband or wife William H. Hane

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 5, 1865

8. AGE:	Year	Months	Days	If less than one day
	<u>83</u>	<u>2</u>	<u>9</u>	_____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name George R. Crummitt13. Birthplace Frederick County, Maryland14. Maiden name Mary E. Keller15. Birthplace Frederick County, Maryland16. Informant Mrs. Albert L. RedmondAddress R. F. D. 1, Frederick, Maryland17. Burial Date thereof Sept. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 14 Sept 1948 Lucian K. Falconer
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14th 1948 at 2:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1946 to Sept. 14 1948
and that I last saw him alive on Sept. 12-48Immediate cause of death Coronary thrombosis 1/2 hrDue to Arterio sclerosis 5 yrs +

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. D. Harrison M. D. or other
Address Frederick, Md Date signed 9/15/48

RECEIVED
OCT 11 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Rural Thurmont
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank D Hartsock

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married6. (b) Name of husband or wife Florence Hartsock7. Birth date of deceased (mo., day, yr.) Feb. 11, 18708. (c) If alive, give age 65 years

8. AGE:

Years

Months

Days

If less than one day

73 7 8 hrs. min.9. Birthplace Myersville, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name Theopolis Hartsock13. Birthplace Myersville, Md.14. Maiden name Susan Fisher15. Birthplace Myersville, Md.16. Informant Florence HartsockAddress Thurmont, Md.17. Burial Date thereof 9-22-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount OlivetLocation Frederick, Md.18. Funeral director Glodhill Co.Address Middletown, Md.19. Sept 20 19 48 Blanche S. Eyer
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Thurmont
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1948 at 1:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1, 1948 to Sept. 19, 1948
and that I last saw him alive on Sept. 10, 1948

Immediate cause of death

C. h. myocardiitis

DURATION

Due to

Due to

Other conditions

Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations

none Date of op. _____

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

M. Franklin Birch M.D. or other
Address Thurmont Md. Date signed 9/19/48

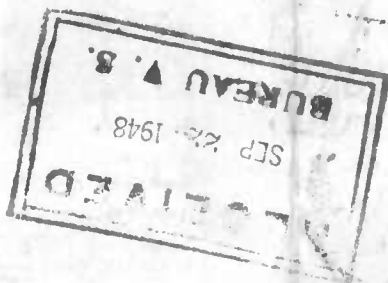
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VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH



09395

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County.....Frederick.....
City or town.....Frederick.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since September 17, 194

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 11 West Second Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY SIMPSON HEDGES

3. (b) Social Security Number
None

4. Sex F	5. Color or race W	6. (a) Single, married, widowed, or divorced M
-------------	-----------------------	--

6.(b) Name of husband or wife: Dr. Frank H. Hedges

6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.) December 29, 1877

8. AGE:	Years	Months	Days	if less than one day
	70	8	18hrs.min.

9. Birthplace.....Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... At Home

11. Industry or business _____

12. Name Dr. Elisha Mullinix

FAT	13. Birthplace	Frederick County Maryland
-----	----------------	---------------------------

14. Maiden name.....Unknown.....

15. Birthplace	Unknown
----------------	---------

16. Informant..... Dr. Frank H. Hedges.....

Address 11 W. 2nd St., Frederick, Md.

17 Burial Date thereof 9/20/48

(Burial, cremation, or removal, which) _____ (month) (day) (year)
Mount Olivet Cemetery

Cemetery or ~~cemetery~~ Mount Olivet Cemetery
Frederick, Maryland

Location Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address Frederick, Maryland

19 Sept 20 1948 Elizabeth Heck.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17, 1948 at 6:55P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 13 1948 to Sept 17 1948 and that I last saw her alive on Sept. 17 1948

Immediate cause of death.....	DURATION
Heart Disease, Thrombosis.....	5 days.....

Due to.....

Due to.....

Other conditions Arteriosclerosis Heart 1 yr
Disin
(Include pregnancy within 3 months of death)

Major findings of operations: *none* Date of op. *none*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. **VIOLENCE:** If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

Where and injury occurred	(City or town)	(County)	(State)

Injured at home, farm, industry, public place (where?)

Means of Injury		Injured at Work
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
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163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
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199	200	201
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217	218	219
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232	233	234
235	236	237
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241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367		

23 SIGNATURE *J. Austin Garre*, M. D.

23. SIGNATURE..... M. D. or other
 Frederick Maryland 9-19-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09396

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Buckeystown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Buckeystown
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

JAMES ROBERT HILTON

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Florence L. Becraft

6. (c) If alive, give age

81

7. Birth date of deceased (mo., day, yr.)

December 8, 1860

8. AGE:

Years

Months

Days

If less than one day

87

9

5

hrs.

min.

9. Birthplace

Ellicott City-Howard-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

James Hilton

13. Birthplace

Howard County Maryland

MOTHER

14. Maiden name

Sarah Mullinix

15. Birthplace

Howard County Maryland

16. Informant

Mrs. J. R. Hilton

Address

Buckeystown, Maryland

17.

Burial

Date thereof 9/15/48

(Burial, cremation, or removal. Which?)

Cemetery or crematory Montgomery Chapel Cemetery

Location

Near Damascus, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

14 Sept 1948

19

48

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1948, at 12:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

30 April 1948, to 13 Sept 1948

and that I last saw him alive on 11 April Sept. 1948

Immediate cause of death

Metastases to lung

DURATION

4 mos

Due to

Carcinoma of gall and neck

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

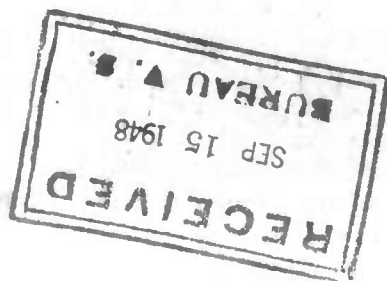
23. SIGNATURE

Charles H. Conley Jr. M.D.

M.D. or other

Address

Frederick, Maryland Date signed 9/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09397

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 YearsHospital, institution, or street address where death occurred:
120 West Third Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 120 West Third Street(If rural, give LOCATION)
None

2. (a) If veteran, name war

3. (a) FULL NAME

ELIZA GERTRUDE HOOVER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife Joshua M. Hoover6. (c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) December 3, 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>19</u>	hrs. min.

9. Birthplace Keedysville-Washington-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER	12. Name <u>Samuel Rohrer</u>
	13. Birthplace <u>Washington County Maryland</u>

MOTHER	14. Maiden name <u>Mary Etta Parks</u>
	15. Birthplace <u>Washington County Maryland</u>

16. Informant Joshua M. Hoover
Address 120 W. 3rd St., Frederick, Maryland17. Burial Date thereof 9/25/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory United Brethren Cemetery
Location Myersville, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 23 Sept 1948 Eligbeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22, 1948 at 2 A M21. I CERTIFY that death occurred on the date above stated; that deceased died from June 1943 to Sept 22 1948
and that last saw him alive on Sept 21 1948Immediate cause of death Carcinoma metastases DURATIONCarcinoma ofDue to breast

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

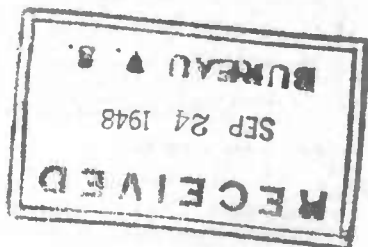
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Fisher M. D.Address Frederick, Maryland Date signed 9-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
Since Sept. 1, 1948

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Taney Apartments

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

HENRY JOHN KRAMME

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

B. (b) Name of husband or wife

Margaret Immler6. (c) If alive, give age 37 years

7. Birth date of

deceased (mo., day, yr.)

August 14, 1870

8. AGE:

Years 78Months 1Days 13

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Retired Barber

11. Industry or business

FATHER

12. Name

Adolphus Kramme

13. Birthplace

Unknown

MOTHER

14. Maiden name

Louise Engle

15. Birthplace

Unknown

16. Informant

Mrs. Margaret Kramme

Address

8 Taney Apts., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9/29/48
(month) (day) (year)

Cemetery or crematory

Loudon Park Cemetery

Location

Baltimore, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

(Date rec'd by registrar)

28 Sept 1948Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 September 1948 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

never to 19
 and that I last saw him live on 27 Sept. 1948

Immediate cause of death

Uremia

DURATION

2 wks.

Due to

ShockMetast

Due to

Fracture of humerus9/1/48

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/1/48

Where did injury occur? Frederick, Frederick Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Market Street

Means of injury Struck by auto Injured at work? No

23. SIGNATURE

Charles H. Couley, M.D.
Asst. Dir. Md. Exam. M. D. or other
 Address Frederick, Md. Date signed 9/27/48

RECEIVED
SEP 29 1948
BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/7/48
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/7/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1217 N. Potomac St.
 (If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

John G. Lange

3. (b) Social Security Number

212-09-1902

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Rose Lange
 7. Birth date of deceased (mo., day, yr.) June 30, 1904
 6. (c) If alive, give age 43 years
 8. AGE: Years 44 Months 2 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Florist
 11. Industry or business _____

12. Name George Lange
 13. Birthplace Baltimore, Maryland
 14. Maiden name Annie Weidinger
 15. Birthplace Baltimore, Maryland
 16. Informant Deceased

Address _____
 17. BURIAL Date thereof 9-8-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory HOLY REDEEMER CEM.
 Location BALTO., MD.

18. Funeral director Schimunek Funeral Home
 Address 2601 E. Madison St. Balto., Md.

19. Sept. 8 19 48
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 19 48 at 2:05A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 7 19 48 to Sept. 5 19 48
 and that I last saw him alive on September 5 19 48

Immediate cause of death Pulmonary Tuberculosis
 DURATION 5 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Ballen M. D. XXXXXAddress State Sanatorium, Md. Date signed 9/8/48

RECEIVED
SEP 10 1948
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09400

147

1. PLACE OF DEATH

County Frederick
City or town Woodville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Woodville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Henry Lesner

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Elizabeth Lesner

7. Birth date of deceased (mo., day, yr.) Feb - 1871 8. (c) If alive, give age _____ years

8. AGE: Years About 77 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name Thomas Lesner

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace 1

16. Informant Mrs John Roberts
Address Hampstead Md

17. Burial Burial Date thereof Sept 14/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Leuchors

Location Cowd Rd Md

18. Funeral director Edw E. Dutton

Address Hampstead Md

19. Sept 14 19 48 Charles A. Rumbly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 19 48 at 2:38 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2 19 48 to Sept 11 19 48 and that I last saw him alive on Sept 14 19 48

Immediate cause of death Cerebral Hemorrhage DURATION

Due to Cerebral Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles A. Rumbly

Address W. Harry Mt Date signed 9/11/48

MARGIN RESERVED FOR BINDING

9-45-45M

VS A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09401

Reg. Dist. No. 133

1. PLACE OF DEATH:

County Frederick
City or town Garfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Frederick
City or town Garfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Alta Moann Lewis

3. (b) Social Security Number

none

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced MARRIED

B.(b) Name of husband or wife Benjamin S. Lewis

7. Birth date of deceased (mo., day, yr.) November 14, 1896 6.(c) If alive, give age 53 years

8. AGE: Years 51 Months 9 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace Fopville, Frederick Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David O. Lewis

13. Birthplace Fopville, Md.

14. Maiden name Clara Jones

15. Birthplace Fopville, Md.

16. Informant Benjamin S. Lewis

Address Fopville, Md.

17. Burial Date thereof Sept 5, 1948
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Bethel

Location near Garfield

18. Funeral director M. L. Weaver & Son

Address Thurmont, Md.

19. Sept 5 19 48 Onita Wolfe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 19 48 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 19 46 to Sept 3 19 48

and that I last saw him alive on Sept 3 19 48

Immediate cause of death Pulmonary embolism DURATION 12 hrs.

Due to mitral stenosis

Due to cardiac hypertrophy 10 yrs

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

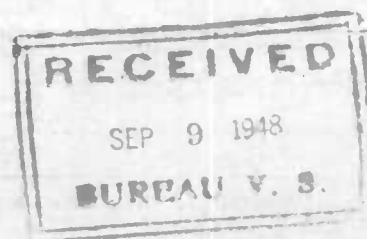
23. SIGNATURE E. G. K. O'Brien M. D. or other _____

Address Shenandoah Date signed 9/4/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09402

141

1. PLACE OF DEATH:

County... Fredrick
 City or town... Fredrick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Lewis Henry Lincks

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, or divorced married
 6.(b) Name of husband or wife Lesetta Cooper
 6.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) Oct. 20 1876
 8. AGE: Years 71 Months 11 Days 7 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1948 at 12:48 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 26 1948 to Sept 27 1948
 and that I last saw him alive on Sept 26 1948
 Immediate cause of death Myocardial Infarction

DURATION

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
 Address [Address] Date signed 9/28/48

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation Retired B.O.R.P. Conductor
 11. Industry or business Transportation
 12. Name Lewis Lincks
 13. Birthplace West Virginia
 14. Maiden name Sarah E. Miller
 15. Birthplace West Virginia
 16. Informant Lesetta Lincks
 Address Knoxville Md.
 17. Burial Date thereof Sept 30 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Park Heights
 Location Brunswick Md.
 18. Funeral director C. F. Smith & Son
 Address Brunswick Md.
 19. Sept 29 1948 Rathbun H. Brown
 (Date rec'd by registrar) (month) (day) (year) Registrar

RECEIVED

OCT 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Fredrick
 City or town... Petersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 27 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?... -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Fredrick
 City or town... Petersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Harry Frank Longbrake

3. (b) Social Security Number

-

4. Sex... male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married
 6.(b) Name of husband or wife... Daisy A. Shroyer
 6.(c) If alive, give age... _____ years
 7. Birth date of deceased (mo., day, yr.)... Oct. 12 1880
 8. AGE: Years... 67 Months... 11 Days... 1 If less than one day... _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH... Sept 13 1948, at 8:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 10 1948, to Sept 13 1948and that I last saw him alive on Sept 13 1948Immediate cause of death... Heart Failure (Stroke)

DURATION

1 yr

Due to... _____

Due to... _____

Other conditions... _____

(Include pregnancy within 8 months of death)

Major findings of operations... _____

Date of op. _____

Autopsy results... _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE... Kathryn H. Brown M. D. or other _____Address... Brunswick Md. Date signed 9/14/48

9. Birthplace... West Virginia
 (Town, county, and state)
 10. Usual occupation... Soft Drink Manufacturer
 11. Industry or business... Soft Drink
 12. Name... John Henry Longbrake
 13. Birthplace... Ohio
 14. Maiden name... Alice S. Miller
 15. Birthplace... West Virginia
 16. Informant... Max Daisy A. Longbrake
 Address... Brownsville Md.
 17. Burial Date thereof... Sept 16 1948
 (Burial, cremation, or removal) Which? (month) (day) (year)
 Cemetery or crematory... Fairview
 Location... Bolivar West Virginia
 18. Funeral director... C. H. Zutz & Son
 Address... Brunswick Md.
 19. Sept. 15 1948 Kathryn H. Brown
 (Date rec'd by registrar) Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Since September 29, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. Jefferson Street

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

BENJAMIN HUME MAGAHA, JR.

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

September 29, 1948

8. AGE:

Years

Months

Days

If less than one day

00015

hrs.

min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

Benjamin H. Magaha, Sr.

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Avis Maust

15. Birthplace

Frederick County Maryland

16. Informant

Benjamin H. Magaha, Sr.

Address

Jefferson St., Frederick, Md.

17. Burial

Date thereof

10/1/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

1 Oct
(Date rec'd by registrar)

1948

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept. 30

1948

at 12

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 29

1948

to Sept. 30

1948

and that I last saw him alive on

Sept. 29

1948

Immediate cause of death

Erythroblastosis fetalis

DURATION

6 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. D. Thomas

M. D.

Address

Frederick, Md

Date signed

9/30/48

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

MEDICAL CERTIFICATE

RECEIVED

OCT 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County FrederickCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Jefferson
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Elmer S. Michael

3.(b) Social Security Number

✓

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

8.(b) Name of husband or wife

Fannie Brown Michael9.(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.)

Aug 22, 1875

8. AGE:

Years

Months

Days

If less than one day

7312

hrs.

min.

9. Birthplace

Jefferson, Fredk. Co., Md.
(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

12. Name

unknown

13. Birthplace

14. Maiden name

Louisa Pearl

15. Birthplace

Jefferson Md.

16. Informant

Mrs. Fannie Michael

Address

Jefferson, Md.

17. (Burial, cremation, or removal, which?)

Date thereof Sept. 5, 1948
(Month) (day) (year)

Cemetery or place of burial

Reformed Cemetery

Location

Jefferson Md.

18. Funeral director

Blashill Co.

Address

Middleton Md.19. 4 Sept 48
(Date rec'd by registrar)Elizabeth B. Hodge
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 3 19 48, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19 19 48, to Sept 3 19 48
and that I last saw him alive on Sept 2 19 48

Immediate cause of death

Myocardial
decompensation
Due to Coronary Occlusion

DURATION

2 wks

Due to

Generalized arteriosclerosis7 wks

Other conditions

Mild diabetes10 yrs

(Includes pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. J. Bruce

M. D. or other

Address Jefferson Md. Signed 9/4/48

CERTIFICATE OF DEATH

A PLACE OF DEATH

RECEIVED
SEP 10 1948
BUREAU V. S.

528 JAMES ST. BALTIMORE, MD. 21201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09406

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Rural Emmitsburg R#2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 weeks
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Catherine Moser

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife Wallace Moser
 7. Birth date of deceased (mo., day, yr.) Jan. 15, 1859 6. (c) If alive, give age..... years
 8. AGE: Years 89 Months 8 Days 13 If less than one day
 hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business

MOTHER FATHER
 12. Name Elias Hollenberry
 13. Birthplace Md
 14. Maiden name Catherine Haffley
 15. Birthplace Md
 16. Informant Mrs. Raymond Egler
 Address Farmington, Md.
 17. Burial (month) (day) (year) Oct 1, 1948
 (Burial, cremation, or removal, Which?)
 Cemetery or crematory Mt View Cemetery
 Location Emmitsburg, Md.
 18. Funeral director P. O. Chesler
 Address Farmington, Md.
 19. Sept 29 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Carroll
 City or town Farmington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 19 48 at 4 P. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 19 48 to Sept. 28 19 48
 and that I last saw her alive on Sept. 28 19 48
 Immediate cause of death Uremia
 Due to Chronic Nephritis DURATION 7 days
 Due to Chronic Nephritis 84 years
 Other conditions Neurological Anterior horns 15 yrs.
Chronic Nephritis
 (Include pregnancy within 3 months of death)
 Major findings of operations None
 Date of op.....
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE R. D. McVaugh M.D. M. D. or other
 Address Farmington, Md. Date signed 9/29/48

RECEIVED

OCT 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 weeks
 Hospital, institution, or street address where death occurred:
228 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Cedar Lawn
 (If rural, give LOCATION)
 2. (a) If veteran, name war... None

3. (a) FULL NAME

George W. Moser

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Clara V. Moser
 6. (c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) March 4-1866
 8. AGE: Years 82 Months 6 Days 0 if less than one day
 hrs. min.

9. Birthplace Myersville, Frederick Co., Md.
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business

12. Name Ezra Moser
 13. Birthplace Myersville, Maryland
 14. Maiden name Susan Linebaugh
 15. Birthplace Myersville, Maryland

16. Informant Miss Mae R. Moser
 Address 228 S. Market St.-Frederick, Md.

17. Burial Burial Date thereof Sept. 7-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown, Maryland

18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 7-Sept 1948 Elizabeth L. Heick
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4th 1948 at 12:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1 1948 to Sept 4 1948
 and that I last saw him alive on Sept. 4 1948

Immediate cause of death Cerebral infarction DURATION 2 weeks
 Due to Arteriosclerosis
 Due to Senguen R. Leg. 1 mo
 Other conditions Senguen R. Leg.
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op.
 Autopsy results None
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE A. A. O'Connell, M.D. M. D. or other
 Address Frederick, Md. Date signed 9/5/48

RECEIVED

SEP 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 463 West Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

LILLIAN ESTELLE POWELL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Walter J. Powell6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.)

June 2, 1911

8. AGE:

Years

37

Months

3

Days

7

If less than one day

hrs.

min.

9. Birthplace Loudoun County Virginia
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Shaftner Rutherford13. Birthplace Rappanhock County Virginia14. Maiden name Susie Grisby15. Birthplace Rappanhock County Virginia16. Informant Walter J. PowellAddress 463 W. Patrick St., Frederick, Md.17. Burial Date thereof 9/11/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 10 Sept 1948
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1948 at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1948 to Sept 9 1948 and that I last saw him alive on Sept 8 1948

Immediate cause of death

Stroke as a result of
Purpura Thrombica

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D.

M. D. or other

Address Frederick, Maryland Date signed 9-10-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

094009

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

107 West Fourth Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 107 West Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

NELLIE IRENE PRICE

3. (b) Social Security Number

214-09-9402

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) December 30, 1897

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>8</u>	<u>12</u>	_____ hrs. _____ min.

9. Birthplace Nr. Unionville-Frederick-Maryland
(Town, county, and state)10. Usual occupation Visiting Nurse11. Industry or business Metropolitan Life Insurance12. Name Charles W. Price13. Birthplace Frederick County Maryland14. Maiden name Anna Baker15. Birthplace Frederick County Maryland16. Informant Mrs. L. Ray BurgeeAddress 107 W. 4th St., Frederick, Md.17. Burial Date thereof 9/14/48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Locust Grove CemeteryLocation Near New London, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 14 Sept 19 48 Elizabeth G. Heek
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1948 at 1:20 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 47 to Sept 11, 48and that I last saw him alive on Sept 11, 48Immediate cause of death Coronary thrombosis

DURATION

2 yrs.

Due to _____

Co. _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

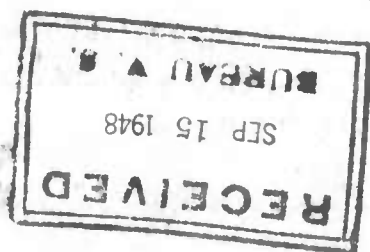
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. R. Etchison M. D.Address Frederick, Maryland Date signed 9-13-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09410

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 hrs

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 12 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Poolesville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Pyles, Mr. Joseph B.

3. (b) Social Security Number

4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Nellie B. Pyles6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Jan. 27, 18778. AGE: Years 71 Months 7 Days 29 It less than one day _____ hrs. _____ min.9. Birthplace Poolesville, Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Michael J. Pyles13. Birthplace Maryland14. Maiden name Bethie Williams15. Birthplace Maryland16. Informant Mrs. J. B. PylesAddress Poolesville, Md.17. Burial Burial Date thereof 9 28 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or burying place MethodistLocation Beesville, Md.18. Funeral director Wm. B. HiltonAddress Barnesville, Md.19. Date rec'd by registrar 27 Sept 1948 Registrar Elizabeth G. Heck

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1948, at 6 45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 1948 to Sept. 26 1948and that I last saw him alive on Sept. 26 1948

Immediate cause of death _____

DURATION 2 days

Due to _____

Due to _____

Other conditions Arteriosclerotic HeartDisease
(Include pregnancy within 3 months of death)Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE A. A. Owen, M.D. M. D. or other _____Address Frederick, Md. Date signed 9/26/48

RECEIVED TO THE BUREAU OF THE ARMY

RECEIVED TO THE BUREAU OF THE ARMY

RECEIVED

SEP 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since July 14, 1948
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since July 14, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 101 N. Kenwood Ave.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____ ✓

3. (a) FULL NAME

Hayden Reese

3. (b) Social Security Number

187-05-6637

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 13, 1891
 8. AGE: Years 57 Months 5 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Plymouth, Pa.
 (Town, county, and state)

10. Usual occupation Pipe Fitter

11. Industry or business _____

12. Name Evan Reese

13. Birthplace Wales

14. Maiden name Elizabeth Miles

15. Birthplace Wales

16. Informant Deceased

Address _____

17. Burial Date thereof Sept. 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Greenwood Cem.

Location Trucksville, Pa.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. Sept. 21 19 48
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 19 48 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 19 48, to Sept. 20 19 48

and that I last saw him alive on September 20 19 48

Immediate cause of death Silico-tuberculosis DURATION 26 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

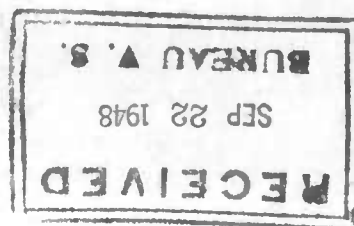
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. [Signature] M. D. [Signature]

Address State Sanatorium, Md. Date signed 9/21/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09412

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Annie E. Remsburg

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married

7. (b) Name of husband or wife Maurice F. Remsburg 8. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 20, 1885

8. AGE: Years 63 Months 6 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown, Frederick Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Millard H. Cook

13. Birthplace Middletown, Md.

14. Maiden name Malissa F. F. Raulus

15. Birthplace Middletown, Md.

16. Informant Maurice Remsburg

Address Middletown, Md.

17. Burial Reformed Cemetery Date thereof Sept. 23, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Middletown, Md.

Location Middletown, Md.

18. Funeral director Gladdhill Co.

Address Middletown, Md.

19. Sept 23 19 48 Marie Gladdhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 19 48, at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 19 48, to Sept 21 19 48, and that I last saw him alive on Sept 21 19 48.

Immediate cause of death Coronary Occlusion DURATION 8 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur Home (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury Heart Injured at work? _____

23. SIGNATURE J. E. Hays M. D. or other _____

Address Middletown Date signed 8-22-48

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

09413

139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/21/48
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/21/48

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 642 S. Payson St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3.(a) FULL NAME

James J. Ryan

3.(b) Social Security Number

216-05-5355

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Anna Ryan

7. Birth date of deceased (mo., day, yr.)

July 7, 19146.(c) If alive, give age 32 years

8. AGE:

Years

Months

Days

If less than one day

34223

hrs.

min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation Electrician

11. Industry or business

FATHER

12. Name

John Ryan

13. Birthplace

Ireland

MOTHER

14. Maiden name

Delia Woods

15. Birthplace

Ireland

16. Informant

Deceased

Address

17. Burial Date thereof October 4, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Cathedral Cemetery

Location

Baltimore, Maryland

18. Funeral director

Flynn & Fleming

Address

1426 Light St. Balto. 30, Md.19. Sept. 30 19 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 19 48 at 8:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 2119 48to Sept. 3019 48and that I last saw him alive on September 30 19 48

Immediate cause of death

Pulmonary Tuberculosis

DURATION

9 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

R. G. BaconM. D. XXXXAddress State Sanatorium, Md. Date signed 9/30/48

RECEIVED

OCT 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredesick
City or town Rural Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 wks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Fredesick
City or town Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Emmitsburg
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John McClellan Sanders

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife Mary Susan Sanders

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1864 6.(c) If alive, give age _____ years

8. AGE: Years 84 Months 0 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Long Spring Adams Co. Pa
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name George Sanders

13. Birthplace Adams Co. Pa

14. Maiden name Catharine Herring

15. Birthplace Adams Co. Pa

16. Informant William F. Sanders

Address Emmitsburg Md. #2

17. Burial Date thereof Oct. 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Andrews

Location Waynesboro, Pa

18. Funeral director Walter J. Hine

Address 27th Church St. Waynesboro, Pa

Sept-29-48 W. F. Hine

19. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1948 at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to Sept 29 1948 and that I last saw him alive on Sept 29 1948

Immediate cause of death Coronary Occlusion

Due to Interosclerotic cardiac vascular disease -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. R. Osale md

Address Emmitsburg Pa Date signed 9-29-48

8. D. or other

9-29-48

9-29-48

9-29-48

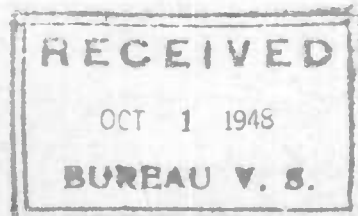
9-29-48

9-29-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09414

RECEIVED FOR INDEX



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09415

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 18 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 14 West 4th Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

John N. Sewell, Sr.

3. (b) Social Security Number

214-10-2598

4. Sex

Male

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Mary A. Walker

7. Birth date of

deceased (mo., day, yr.)

July 16, 1888

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

60123

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Helper

11. Industry or business

FATHER

12. Name George M. Sewell13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Sarah E. Gassway15. Birthplace Frederick County Maryland16. Informant John N. Sewell, Jr.Address 140 W. All Saint St., Fred'k, Md.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9/13/48

(month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11-Sept 19 48

(Date rec'd by registrar)

Elizabeth G. Haddock

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 19 48 at 11 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 22 19 48 to September 9 19 48and that I last saw him alive on September 9 19 48

Immediate cause of death

Cirrhosis of liver

DURATION

Due to Hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. A. Pearce, M.D.

M. D. or other

Address Fulmin, Md. Date signed 9-9-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09416

Reg. Dist. No. 134

1. PLACE OF DEATH:

County..... Frederick
 City or town..... Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 83 yrs. 3 months 19 days
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
 City or town..... Emmitsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 715 West Main
 (If rural, give LOCATION)

2.(a) if veteran, name war.....

3.(a) FULL NAME

Quincy Grier Shoemaker
 4. Sex..... male 5. Color of race..... white 6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... Laura Martin Shoemaker6.(c) if alive, give age..... 79 years7. Birth date of deceased (mo., day, yr.)..... June 3, 1865

8. AGE: Years..... 83 Months..... 3 Days..... 19 It less than one day..... hrs. min.

9. Birthplace..... Carroll County, Maryland
(Town, county, and state)10. Usual occupation..... Butcher

11. Industry or business.....

12. Name..... Mack Shoemaker
 13. Birthplace..... Carroll County, Md.

14. Maiden name..... Amy Munshour
 15. Birthplace..... Frederick Co., Md.

16. Informant..... Laura G. Shoemaker
 Address..... 715 W. Main st., Emmitsburg, Md.

17. burial Date thereof..... Sept. 25, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Elias Lutheran CemeteryLocation..... Emmitsburg, Md.

18. Funeral director..... J. L. Allison
 Address..... Emmitsburg, Md.

19. Sept 24 19 48
 (Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 22 SEPTEMBER 1948 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 SEPT 19 48, to 22 SEPT 19 48
 and that I last saw h. J.M. alive on 21 SEPT. 19 48

Immediate cause of death.....

CARDIAC FAILURE

DURATION

1 MONTH

Due to ARTERIOSCLEROTIC CARDIO-
 VASCULAR DISEASE

YEARS

Due to ARTERIOSCLEROSIS

YEARS

Other conditions OLD MYOCARDIAL INFARCT

6 YRS.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

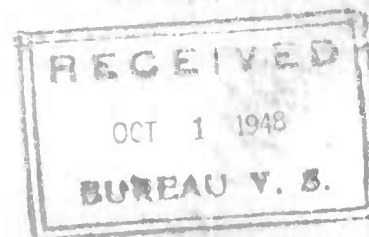
Injured at work?

23. SIGNATURE.....

James H. Allison M.D.

M. D.

Address..... Emmitsburg, Md. Date signed 22 Sept 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: **Frederick**
 County: **Fountains Mills MD**
 City or town: **20 Years**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Frederick, CO.**
 City or town: **Fountain Mills**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.:
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Walter Lee Snowden

3. (b) Social Security Number
 ✓

4. Sex: **Male** 5. Color or race: **Col** 6. (a) Single, married, widowed, or divorced: **Married**

6. (b) Name of husband or wife: **Virginia Snowden**

6. (c) If alive, give age: **39** years

7. Birth date of deceased (mo., day, yr.): **Sept. 17, 1903**

8. AGE: Years: **45** Months: **0** Days: **13** It less than one day: _____ hrs. _____ min.

9. Birthplace: **Maryland**
 (Town, county, and state)

10. Usual occupation: **Laborer**

11. Industry or business: **Farm**

12. Name: **Horace Snowden**

13. Birthplace: **Maryland**

14. Maiden name: **Harrit Bowie**

15. Birthplace: **Maryland**

16. Informant: **Virginia Snowden**

Address: **Maryland**

17. Burial: **Burial** Date thereof: **Oct. 3, 1948**
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory: **Fountain Mills**

Location: **Frederick, CO.**

18. Funeral director: **Roy W. Barber**

Address: **Laytonsville, MD.**

19. **1 Oct** 19**48** **Elizabeth G. Heck**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: **30 September 1948** at **10:45 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **neuro** 19**48** to **1 October 1948**

and that I last saw him **live** **1 October 1948**

Immediate cause of death: **Stab wound of chest, penetrating into heart**

DURATION: **Instant**

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____

Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: **homicide** Date of: **30 Sept 1948**

Where did injury occur? **Fountain Mills, Frederick, Md.**
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) **Home**

Means of injury **Stab wound** Injured at work? **no**

23. SIGNATURE: **Charles K. Carley, M.D.**
 and: **Sup. med. Exam. J.D.** M. D. or other

Address: **Frederick, Md.** Date signed: **10/1/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09418

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1933
Hospital, institution, or street address where death occurred:
300 Upper College Terrace
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 300 Upper College Terrace
(If rural, give LOCATION)
2. (a) If veteran, name war World War I

3. (a) FULL NAME

FREDERICK WARD SPRINGER

3. (b) Social Security Number

217-12-1366

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
6. (b) Name of husband or wife Charlotte M. Garrett
6. (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) July 6, 1894
8. AGE: Years 54 Months 2 Days 7 It less than one day hrs. min.

9. Birthplace Indiana
(Town, county, and state)

10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name Cyrus Springer
13. Birthplace Indiana

MOTHER 14. Maiden name Estelle Beard
15. Birthplace Indiana

16. Informant Mrs. F. W. Springer
Address 300 Upper College Terrace-Fred'k

17. Burial Burial Date thereof 9/16/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Uniondale Cemetery
Location Pittsburgh, Pennsylvania

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 15 Sept 19 48 Elizabeth G. Hock
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1948 2:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1948 to Sept 13, 1948
and that I last saw him alive on Sept 13, 1948

Immediate cause of death Carcinoma of Sigmoid DURATION 18 mo.

Due to

Due to

Other conditions Metastases to Lungs and Bladder
(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of Sigmoid Date of op. 11/6, 1947

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearre M. D.

Address Frederick, Maryland Date signed 9-14-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09419

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Fredrick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. State Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jacob Stitley

3. (b) Social Security Number

20

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Mary E. Stitley
 7. Birth date of deceased (mo., day, yr.) November 15, 1858
 8. AGE: Years 89 Months 9 Days 17 If less than one day
 hrs. min.

9. Birthplace Thurmont - Fredrick Co., Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Jacob Stitley
 13. Birthplace Fredrick Co., Md.
 14. Maiden name Barbara Peddicord
 15. Birthplace Fredrick Co., Md.

16. Informant Mrs. Elmer Bellinger
 Address Thurmont, Md.

17. Burial Date thereof Sept. 5, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory United BrothersLocation Thurmont, Md.18. Funeral director B. B. Creeger & SonAddress Thurmont, Md.

19. Sept. 3 19 48 Blanche J. Eyles
 (Date rec'd by registrar) registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1948 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Aug. 29 19 48 to Sept. 1 19 48
 and that I last saw him alive on Aug. 30 19 48

Immediate cause of death Cerebral Thrombosis
 DURATION 5 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James H. Gray M.D. or otherAddress Thurmont, Md. Date signed 9/2/48

RECEIVED

SEP 7 1948

BUREAU S. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

182

09420

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

631 Park Place

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 631 Park Place

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

PAUL ARTHUR STRINE

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married , widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 3, 1947

6. (c) If alive, give age _____ years

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>29</u>	_____ hrs. _____ min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER	12. Name <u>Paul Strine</u>
	13. Birthplace <u>Frederick County Maryland</u>

MOTHER	14. Maiden name <u>Louise Jones</u>
	15. Birthplace <u>Frederick County Maryland</u>

16. Informant <u>Paul Strine</u>
Address <u>631 Park Place, Frederick, Md.</u>

17. Burial Date thereof 9/4/48

(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland

18. Funeral director <u>M. R. Etchison and Son</u>
Address <u>Frederick, Maryland</u>

19. 3 Sept 1948 Elizabeth G. Heck Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2, 1948 at 2:15P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ To _____

and that I last saw him alive on September 2nd 1948Immediate cause of death asphyxiation

DURATION

Due to asphyxiation of food

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Bau Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 9-3-48

RECEIVED

SEP 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09421

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

West of Frederick U. S. Route #40

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

Street No. near Braddock

(If rural, give LOCATION)

None

2.(a) if veteran, name war

3. (a) FULL NAME

GEORGE WASHINGTON STOTTLEMYER SUMMERS

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Mary Elizabeth Wiles

7. Birth date of deceased (mo., day, yr.)

May 29, 18816. (c) If alive, give age 62 years

8. AGE:

Years 67Months 3Days 13

If less than one day

hrs. min.

9. Birthplace

Nr. Jefferson-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER
MOTHER

12. Name

Philip Summers

13. Birthplace

Frederick County Maryland

14. Maiden name

Margaret Zimmerman

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. G. W. Summers

Address

R. F. D. #5, Frederick, Md.

17.

Burial

Date thereof

9/15/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Lutheran Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

14 Sept19 48Elizabeth G. Healy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12, 1948 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 12, 1948and that I last saw him DEAD alive on

Immediate cause of death

Broken neck; fract. base of skull

DURATION

Due to

Automobile accident15 min.

Due to

Comp. fract. left leg

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

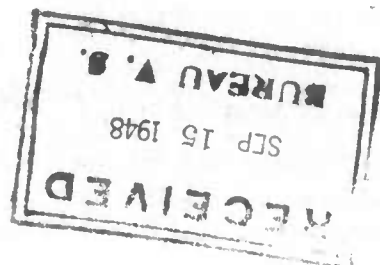
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 9/12/48Where did injury occur? Nr. Frederick, Frederick, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) U.S. ROUTE 40Means of Injury Auto. accident Injured at work? No

23. SIGNATURE

Charles H. Conley Jr. M.D.
and Dep. Med. Exam. M.D. or other
Address Frederick, Md. Date signed 9/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg, R.D.1 Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 90 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural, Emmitsburg, R.D.1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Theresa Taylor

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife John K. Taylor
 7. Birth date of deceased (mo., day, yr.) August 6, 1855
 6. (c) If alive, give age _____ years
 8. AGE: Years 93 Months 1 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Michael Click13. Birthplace Germany14. Maiden name Mary (unknown)15. Birthplace unknown16. Informant Mrs. J. A. SumnerickAddress Emmitsburg, Maryland17. Burial Date thereof Sept. 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Anthony's CemeteryLocation Emmitsburg, Maryland18. Funeral director A. L. AllisonAddress Emmitsburg, Maryland19. Sept. 19 1948 M. F. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1948 at 7:14 M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 48 to Sept 17 48and that I last saw him alive on Sept 15 48

Immediate cause of death Cardiovascular renal disease
 DURATION several years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. C. Daddie MD M. D. or other _____Address Emmitsburg, Md Date signed 9-18-48

421

RECEIVED

OCT 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09423

Reg. Dist. No. 141

1. PLACE OF DEATH: Frederick
County Brunswick
City or town 47 yrs.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 47 yrs.
Hospital, institution, or street address where death occurred:
511 Brunswick St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 511 Brunswick
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Ora Irene Moore Taylor

3. (b) Social Security Number

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife George W. Taylor
7. Birth date of deceased (mo., day, yr.) Sept. 19, 1882 6.(c) If alive, give age _____ years

8. AGE: Years 65 Months 11 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Sample Manor, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Frank Moore

13. Birthplace Wash. Co., Md.

14. Maiden name Ellen Myers

15. Birthplace Wash. Co., Md.

16. Informant G. W. Taylor

Address 511 Brunswick St Brunswick Md.

17. Burial Date thereof Sept. 6, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sample Manor

Location Sample Manor, Wash. Co. Md.

18. Funeral director Jesse S. Dailey

Address 320 W. Potomac St, Brunswick Md.

19. 9-6 19 48 Eugenia H. Burke
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 48 at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to Sept. 3, 48

and that I last saw her alive on Sept. 3, 48

Immediate cause of death Coronary infarction DURATION

Due to Coronary occlusion 10/29/48

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other

Address Brunswick, Md. Date signed 9-4-48

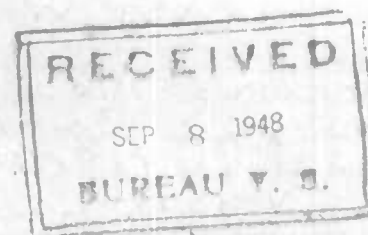
MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09424

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Months
 Hospital, institution, or street address where death occurred:
Edgewood
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Edgewood
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

GEORGE McLEOD TERVET

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M
 6. (b) Name of husband or wife Annabella Fraser
 6. (c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) March 8, 1876
 8. AGE: Years 72 Months 5 Days 27 It less than one day
 hrs. min.

9. Birthplace Scotland
 (Town, county, and state)
 10. Usual occupation Legal Attorney
 11. Industry or business
 12. Name John Tervet
 13. Birthplace Scotland
 14. Maiden name Marion White
 15. Birthplace Scotland

18. Informant Dr. Ivan W. Tervet
 Address Camp Detrick-Fred'k, Md.
 17. Cremation Date thereof 9/7/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Fort Lincoln Crematory
 Location Washington D. C.
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 16 Sept 1948 Elizabeth G. Heik
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5, 1948 at 11:15P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 17, 1945 to Sept 5, 1948
 and that I last saw him alive on Sept 5, 1948

Immediate cause of death Carcinoma of liver
 DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. R. Pollock M. D.Address Tw 20 St M. D. or otherDate signed 9/6/48

RECEIVED

SEP 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09425

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/6/48
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/6/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Silver Spring
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. 2
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Z. Tolson

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Ethel E. Tolson
 6.(c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) March 16, 1883
 8. AGE: Years 65 Months 5 Days 29 If less than one day
 hrs. min.

9. Birthplace Colesville, Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Alfred C. Tolson13. Birthplace Virginia14. Maiden name Catherine I. O'Hara15. Birthplace Washington, D. C.16. Informant Ethel E. Tolson (wife)Address R.F.D. 2, Silver Spring, Md.17. Burial Date thereof Sept. 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Johns CemeteryLocation Forest Glen, Montgomery Co., Md.18. Funeral director Warner PumphreyAddress Silver Spring, Md.19. Sent. 15 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 19 48, at 2:35 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
February 6 19 48, to Sept. 14 19 48and that I last saw him alive on September 14 19 48Immediate cause of death Pulmonary Tuberculosis DURATION 19 Mos.

Due to

Due to

Other conditions

Diabetes mellitus 9 1/2 Yrs.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Baccin M. D. XAddress State Sanatorium, Md. Date signed 9/15/48

RECEIVED
SEP 17 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09426

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since March 21, 1947
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since March 21, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany
 City or town Cumberland
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Williams Rd.
 (If rural, give LOCATION)
 2. (a) If veteran, name war ☒

3. (a) FULL NAME

A. Laura Twigg

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 27, 1870 6. (c) If alive, give age _____ years

8. AGE: Years 78 Months 5 Days 6 It less than one day _____ hrs. _____ min.

9. Birthplace Cumberland, Maryland
 (Town, county, and state)

10. Usual occupation Registered Nurse

11. Industry or business

12. Name Francis Twigg13. Birthplace Cumberland, Maryland14. Maiden name Catherine Gleichman15. Birthplace Cumberland, Maryland16. Informant Mrs. P. J. Clark, NieceAddress 2647 Broadway, New York City, N.Y.

17. Burial Date thereof 9-4-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT. HERMAN CEM.Location CUMBERLAND, MARYLAND18. Funeral director Louis Stein, Inc.Address 117 Frederick St. Cumberland, Md.

19. Sept. 3 19 48
 (Date rec'd by registrar) Registrar J. B. Ayer

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 19 48 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 21 19 47 to Sept. 2 19 48

and that I last saw h. er alive on September 2 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 20 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Ayer M. D. xxxxAddress State Sanatorium, Md. Date signed 9/3/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 9/17/48**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 9/17/48**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Baltimore**
 City or town **Catonsville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **109 Sanford Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME
Nevin Weaver

3. (b) Social Security Number

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Divorced (?)**

6. (b) Name of husband **Alberta Weaver**

6. (c) If alive, give age **?** years

7. Birth date of deceased (mo., day, yr.) **November 15, 1898**

8. AGE: Years **49** Months **10** Days **15** If less than one day hrs. min.

9. Birthplace **Baltimore, Maryland**
 (Town, county, and state)

10. Usual occupation **Bartender**

11. Industry or business

12. Name **Pious Weaver**

13. Birthplace **Hanover, Pa.**

14. Maiden name **Emma Wise**

15. Birthplace **Hanover, Pa.**

16. Informant **Deceased**

Address

17. **Burial** Date thereof **Oct. 2, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Undertake William A. Feiser

Location **Hanover, Pa.**

Cemetery Mount Olivet

Address **Hanover, Pa.**

19. **Oct. 1** 19**48**

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **September 30** 19**48** at **7:45 P.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 17** 19**48** to **Sept. 30** 19**48** and that I last saw him alive on **September 30** 19**48**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **9 Mos.**

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **D. G. Green** M. D. **KRM**

Address **State Sanatorium, Md.** Date signed **10/1/48**

MARGIN RESERVED FOR BINDING

VS A15 9.45.15

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09427

RECEIVED

OCT 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09428

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Knoxville-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Petersville

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Knoxville-Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Petersville

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

DAISY MARY WEEDON

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

C

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or wife

Joseph A. Weedon

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1880

8. AGE:

Years

Months

Days

If less than one day

6827

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name Charles Wood13. Birthplace Frederick County Maryland

MOTHER

14. Maiden name Annie Gilbert15. Birthplace Frederick County Maryland

16. Informant

Mrs. Charles Smallwood

Address

Petersville, Maryland17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 9/18/48

(month) (day) (year)

Cemetery or crematory St. Josephs CemeteryLocation Near Buckeystown, Maryland18. Funeral director M. R. Etchison and Son

Address

Frederick, Maryland19. 9-15
(Date rec'd by registrar)19. 48 Eugenia H. Burke
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15, 1948, at 5:05A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 14 1948 to Sept 15 1948
and that I last saw him alive on Sept 14 1948

Immediate cause of death

Heart Attack

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

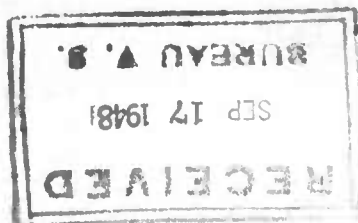
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eugenia H. Burke M. D.
M. D. or other
Address Frederick, Maryland Date signed 9-15-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Point of Rocks

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

None

3. (a) FULL NAME

NELSON BUCHANAN WILLINGHAM

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 6, 1875

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>2</u>	_____ hrs. _____ min.

9. Birthplace Brandy Station-Fauquier-Virginia

(Town, county, and state)

10. Usual occupation Retired11. Industry or business Carpenter12. Name James N. Willingham13. Birthplace Fauquier County Virginia14. Maiden name Mary Ellen Adams15. Birthplace Fauquier County Virginia16. Informant Mrs. Dora E. PhillipsAddress Point of Rocks, Maryland17. Burial Date thereof 9/10/48

(Burial, cremation, or removal-Which?) (month) (day) (year)

Cemetery or crematory Methodist CemeteryLocation Lanham, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 9 Sept 1948 Elizabeth L. Heck

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8, 1948 at 12:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1948 to Sept 8 1948and that I last saw him alive on Sept 8 1948Immediate cause of death Metastatic Carcinoma of Malnutrition

DURATION

1 moDue to Carcinoma Stomach 6 moDue to with pyloric obstruction 1 moOther conditions Cystic

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. J. Price M. D.

M. D. or other

Address Jefferson, Maryland Date signed 9-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Dickerson Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Dickerson Ind R & D
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mable Virgie Wilson4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife John B. Wilson6. (c) If alive, give age 51 years7. Birth date of deceased (mo., day, yr.) Jan 7 - 18988. AGE: Years 50 Months 7 Days 26 It less than one day _____ hrs. _____ min.9. Birthplace Dickerson, Frederick Co Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Bene Hallman13. Birthplace Maryland14. Maiden name Betha Spencer15. Birthplace Maryland16. Informant John B. WilsonAddress Dickerson, Md R & D17. Burial Date thereof Sept 4 - 1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Bells ChapelLocation Dickerson, Md R & D18. Funeral director William B. HeltonAddress Barnesville Md19. 3 Sept 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1948 at 12:28 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 June 1948 to 2 Sept 1948and that I last saw her alive on 25 August 1948

Immediate cause of death _____

DUE TO Cerebral Hemorrhage 27 JuneDUE TO General Arteriosclerosis 10 yrs?with Hypertension

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Charles H. Conley, M.D. M. D. or otherAddress Frederick, Md Date signed 9/3/48

RECEIVED

SEP 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09431

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since July 9, 1948**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since July 9, 1948**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... **Maryland** County.....
 City or town..... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **109 N. Collington Ave.**
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME
Joseph Wisniewski

3.(b) Social Security Number
215-07-7885

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Lillian Wisniewski**
 7. Birth date of deceased (mo., day, yr.) **November 19, 1907**
 8. AGE: Years **40** Months **9** Days **29** If less than one day hrs. min.

9. Birthplace..... **Louisiana**
 (Town, county, and state)
 10. Usual occupation..... **Pipe Fitter**
 11. Industry or business.....
 12. Name..... **Walter Wisniewski**
 13. Birthplace..... **Poland**
 14. Maiden name..... **Felicia Bronzert**
 15. Birthplace..... **Poland**

16. Informant..... **Lillian Wisniewski (wife)**
 Address **109 N. Collington Ave., Balto., Md.**

17. (Burial, cremation, or removal. Which?) Date thereof..... (month) (day) (year)
 Cemetery or crematory.....
 Location.....

18. Funeral director.....
 Address.....

19. **Sept. 17 1948**
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **September 17 1948** at **1:30 A.** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 9 1948 to **Sept. 17 1948**
 and that I last saw him alive on **September 17 1948**

Immediate cause of death.....
Pulmonary Tuberculosis DURATION **6 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **R. B. Baccin** M. D. XXXXAddress..... **State Sanatorium, Md.** Date signed **9/17/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09432

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick, CountyCity or town Frederick, Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 13 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Lantz, #1
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Wolfe, Emma S.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Jackman R. Wolfe

6.(c) If alive, give age, years

7. Birth date of

deceased (mo., day, yr.)

November 11, 1866

8. AGE:

Years

Months

Days

If less than one day

82106

hrs. min.

9. Birthplace

Highland, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Daniel Stettinmeyer

12. Name

13. Birthplace

Frederick C. Md

14. Maiden name

Elizabeth Harshman

15. Birthplace

Frederick, Md

16. Informant

Lawrence A. Wolfe

Address

Lantz, Md #117. Burial

(Burial, cremation, or removal, which?)

Date thereof

9/8/48
(month) (day) (year)

Cemetery or crematory

Bethel

Location

Cassade, Md

18. Funeral director

Walter J. Heath

Address

271 Church St. Waynesboro, Pa19. 6 Sept

(Date rec'd by registrar)

19. 48Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1948, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 21 1948 to Sept. 5 1948and that I last saw him alive on Sept. 5 1948

Immediate cause of death

Carcinoma sigmoid colon

DURATION

1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard James M.D.
Frederick, Md. M. D. or other
Address Date signed 5 Sept. 48

RECEIVED

SEP 9 1948

BUREAU V. S.